FORM DESIGN

Customer Regesteration			
Name			
Address			
Pincode			
City			
Phone no			
Username			
Password			
Confirm Password			
Sign Up			

Service Provide	r Regesteration	
Name		
Place]
Gender	○ M ○ F	
DOB		
Phone no		
Certificate	Choose File	
Username		
Password		
Confirm Password		
Sign Up		

Add Servio	ce Provider
Name	
Place	
Gender	○ M ○ F
DOB	
Phone no	
Certificate	Choose File
Username	
Password	
Confirm Password	
Sign Up	

Username Password Login Forgot Password		Login
Password		
Password		
Password		
	Username	
Login <u>Forgot Password</u>	Password	
Login <u>Forgot Password</u>		
		Login Forgot Password

FEEDBACK
FEEDBACK
ADD

Service Provider approval						
Name	Place	Service catagory	Phone no	Approve	Reject	View more
		,	·			



